



Release

Connecticut Department of Correction

Attachment A
Rev. 02/15/01
AD 1.5

I, _____
(name)

☐ consent to be interviewed and/or photographed

☐ do not consent to be interviewed and/or photographed

by _____
(name of interviewer or photographer)

of _____
(name of news outlet)

on _____
(date)

I understand that the statement(s) and photograph(s) obtained during this interview or photographic opportunity may be used in publications or audio or video presentations produced by the Department of Correction or in publications or broadcasts prepared by other organizations.

I agree that the Department of Correction has no control of the use of my statement(s) and/or photographs in publications or broadcasts prepared by other organizations.

I understand that the Department of Correction has no control of the use of my statement(s) and/or photographs in publications or broadcasts prepared by other organizations.

On behalf of myself and my heirs and assigns, I release the State of Connecticut and the Department of Correction from any and all claims that may otherwise accrue to me as the result of the publication of my statement(s) obtained during this interview or from the publication or broadcasts of my photograph(s) obtained during the photographic opportunity.

Inmate/offender signature _____ Inmate No. _____

Witnesses: _____
(name)

(name)

ATTACHMENT C SPEAKERS BUREAU ACTIVITY FORM

Facility: _____ Date: _____

Staff Presenting: _____	(Name)	(Title)
_____	(Name)	(Title)
_____	(Name)	(Title)

Location of Speaking Engagement: _____

Time and Date of Speaking Engagement: _____

Curriculum Available: _____ Yes _____ No

Topic: _____

Materials Requested: _____ Yes _____ No

Audience: _____

Number of People Presenting to: _____

Materials Required: _____

Unit PIO Notified: _____	(signature)	(date)
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Unit Head Approval: _____	(signature)	(date)
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cc: Department P.I.O.